

Responding to the Needs of Distressed Doctors:

Our colleagues, our patients, our friends

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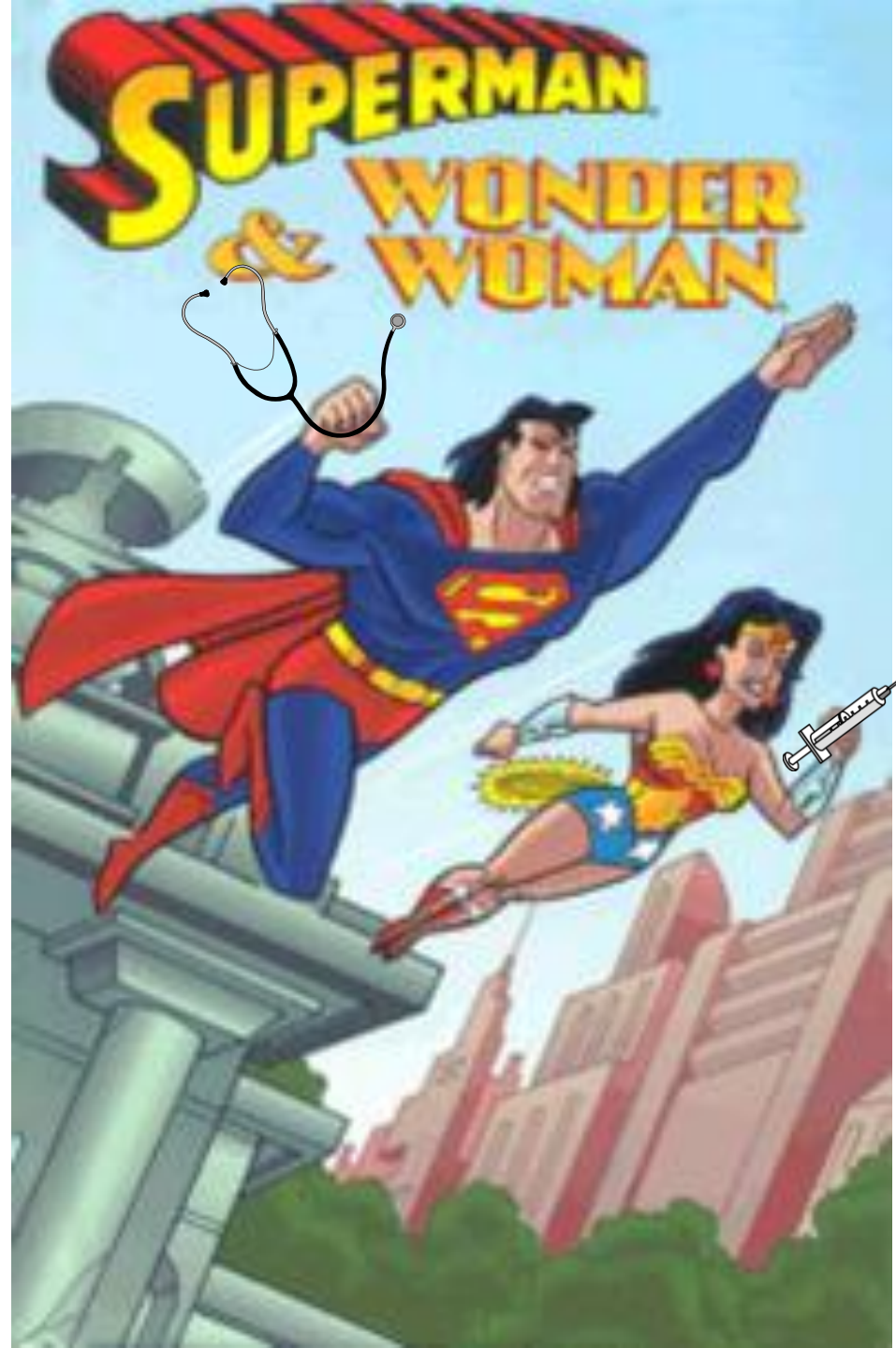
Ontario Medical Association



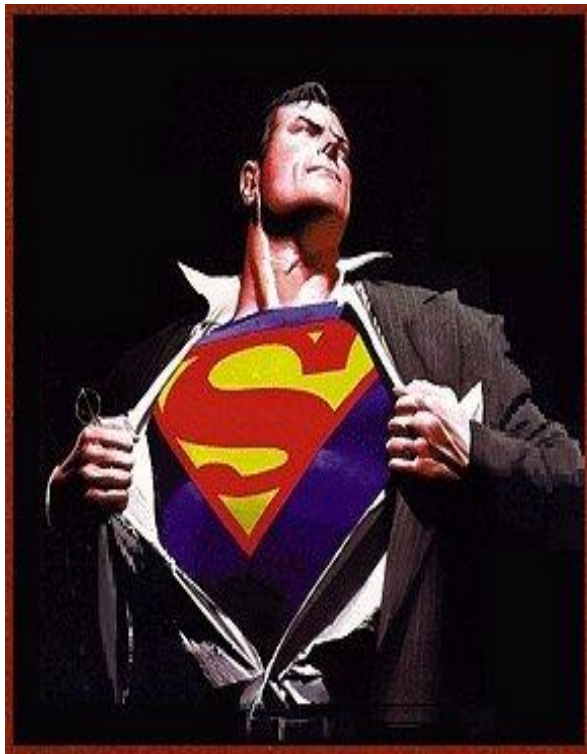
**Men are from
Mars,**

**Women are from
Venus...**

**Doctors are from
Krypton**



Invincible?



Points about physician health (Erica Frank)

- Physicians smoke less than others.
- Physicians live longer than general population
- Top ten causes of death are the same as for the general population
- Doctors tend to have healthy lifestyles
- More than 90% of Canadian doctors report good or excellent health

But...

- Most doctors work when ill
- Three quarters of physicians self-treat when ill
- Only half of Canadian physicians feel they have good work - life balance
- Over 20% report anhedonia / depression in past year
- 30% feel their work environment is a barrier to good health

Frank, E; Segura, C; Health Practices of Canadian Physicians; Can Fam Physician 2009; 55:810-1.e 1-7 Aug 2009

angry

ANXIOUS

boundary violations

depressed

disillusioned

discouraged

exhaustion and **burnout**

financial problems

Isolated

marital and

sleep disturbance

family stress

intimate-partner-abuse

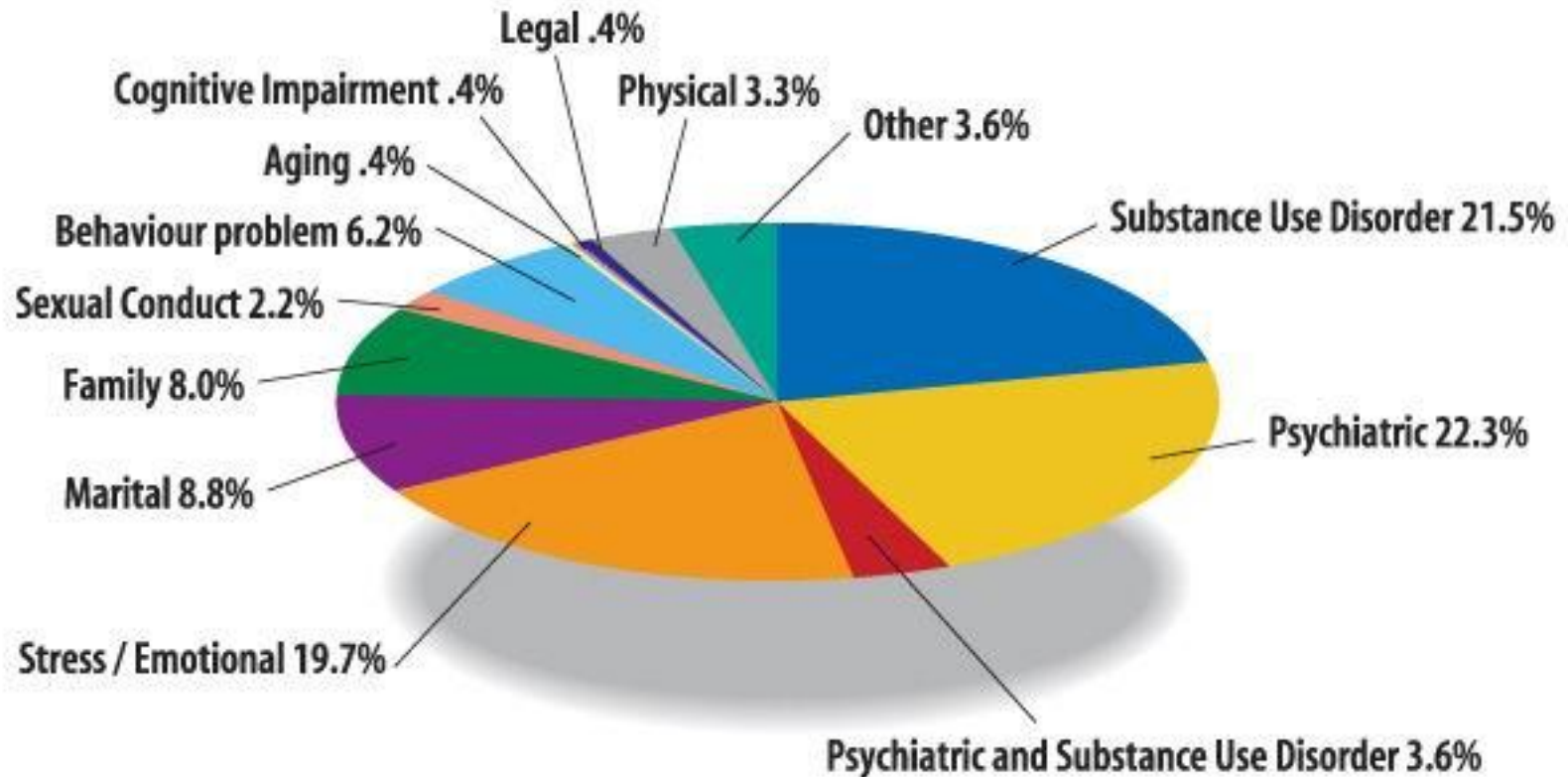
mood disorders

resentful **substance abuse**

suicide thoughts

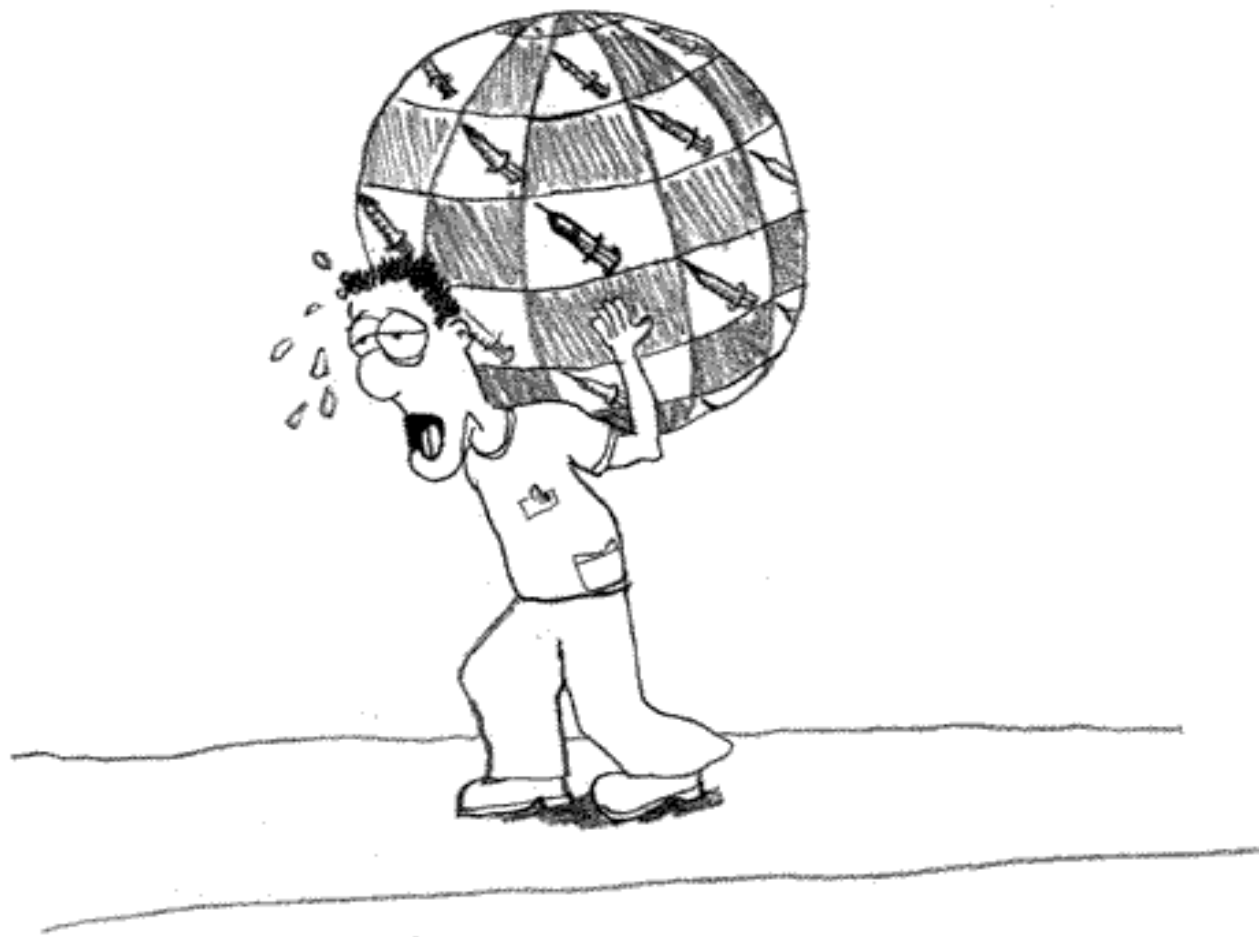
Irritable at work

PHP New Cases by Problem Type



Medical Training and Practice: A “Procrustean Journey?”

“Conforming to deforming
principles.”



Burnout

- Exhaustion
- Depersonalization
- Feeling of no longer being effective

CMA 2003 Physician Resource Questionnaire:

- 46% of respondents (n = 2,251) reported symptoms suggesting advanced stages of burnout.

Consequences of Surgeon Burnout

Balch, MD et. al. Stress and Burnout Among Surgeons; Arch Surg vol 144 (no. 4), Apr. 2009

Professional

- Decline in quality of patient care, medical error
- Hostility towards patients, co-workers
- Disengagement
- Decline in job satisfaction

Personal

- Sleep disturbance
- Relationship stress
- Low mood, anxiety
- Substance abuse
- Premature retirement
- Suicide

Psychiatric Disorders

- Mood disorders, including bipolar
- Anxiety disorders
- panic, OCD, social, PTSD
- Eating disorders
- Adjustment disorders
- Personality disorders

Prevalence:

Psychiatric disorders:

- **Depression / anxiety in young doctors: 30%**

Tyssen, Vaglum; Mental Health Problems among Young Doctors: An Updated Review of Prospective Studies; Harvard Rev Psych 2002; 10: 154-65

- **Depression in female doctors, lifetime: 19.5%**

Frank, Dingle; Self-Reported Depression and Suicide Attempts Among U.S. Women Physicians; Am J Psychiatry 1999; 156: 1887-1894

- **Life time prevalence of depression in male physicians: 13%**

Ford DE et. al. Arch Int Med 1198:158(13): 1422-1426

Medical Trainees (Peterkin)

- Up to 40% of residents experience clinically significant anxiety or depression
 - especially early in training
 - especially when over-working (>100 hrs/wk)
- Suicide is second leading cause of death in medical students



“Mind you, only one doctor out of ten recommends it.”

Suicide prevalence

- 1.5% of U.S. women physicians have attempted (Frank)
- 36 per 100,000 for U.S. male physicians
(just above matched pop.)
- 41 per 100,000 for U.S. women physicians
(**four times** matched pop.)

in SimonW; Suicide among Physicians: Prevention and Postvention;
Crisis 1986; Vol 7 No 1:1-13

Suicide: Schernhammer – metanalysis

Dec 04 Am J Psychiatry 2004;161:2295-2302

- Suicide rates were 41% higher in male physicians than in the general population, the authors report
- The suicide rate among female physicians was more than double that in the general population

SI and Help Seeking in Surgeons

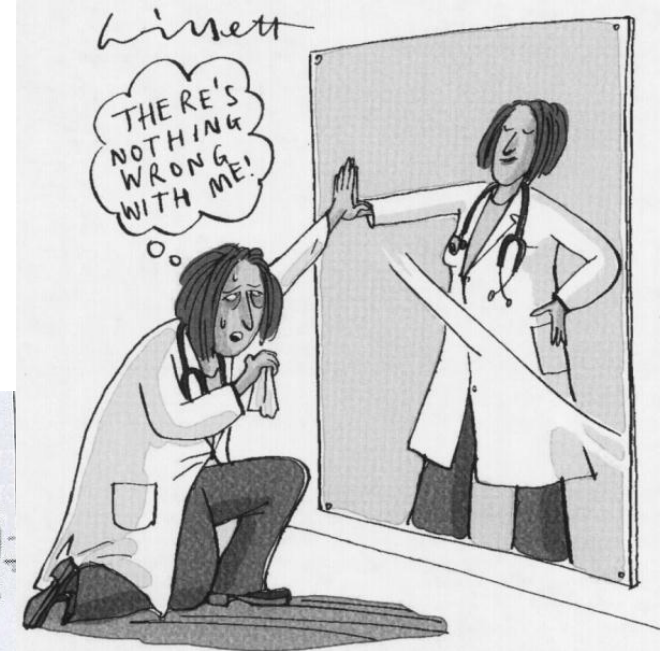
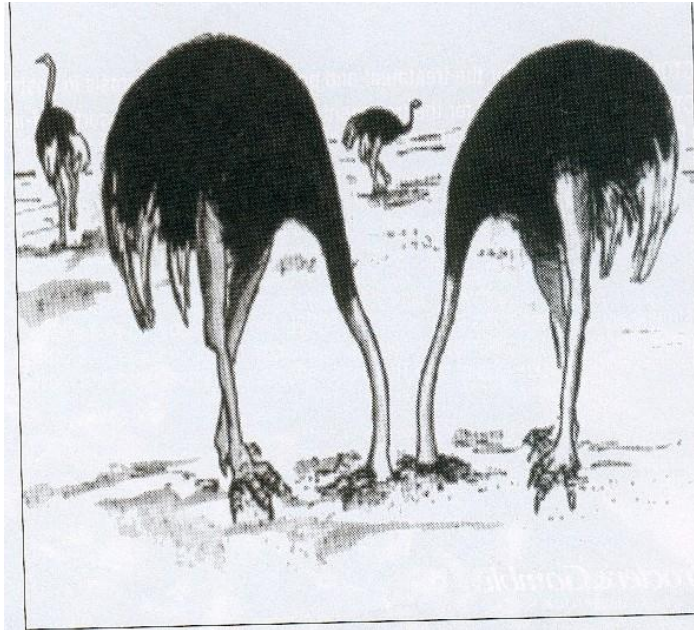
(Shanafelt)

- 7% of all surgeons studied sought psych help in past year.
- 26% of surgeons with SI sought help (vs. 44% in gen pop)
- 40% of all surgeons reported they would not ask for help for depression or substance abuse!

Why?

Physician Distress:

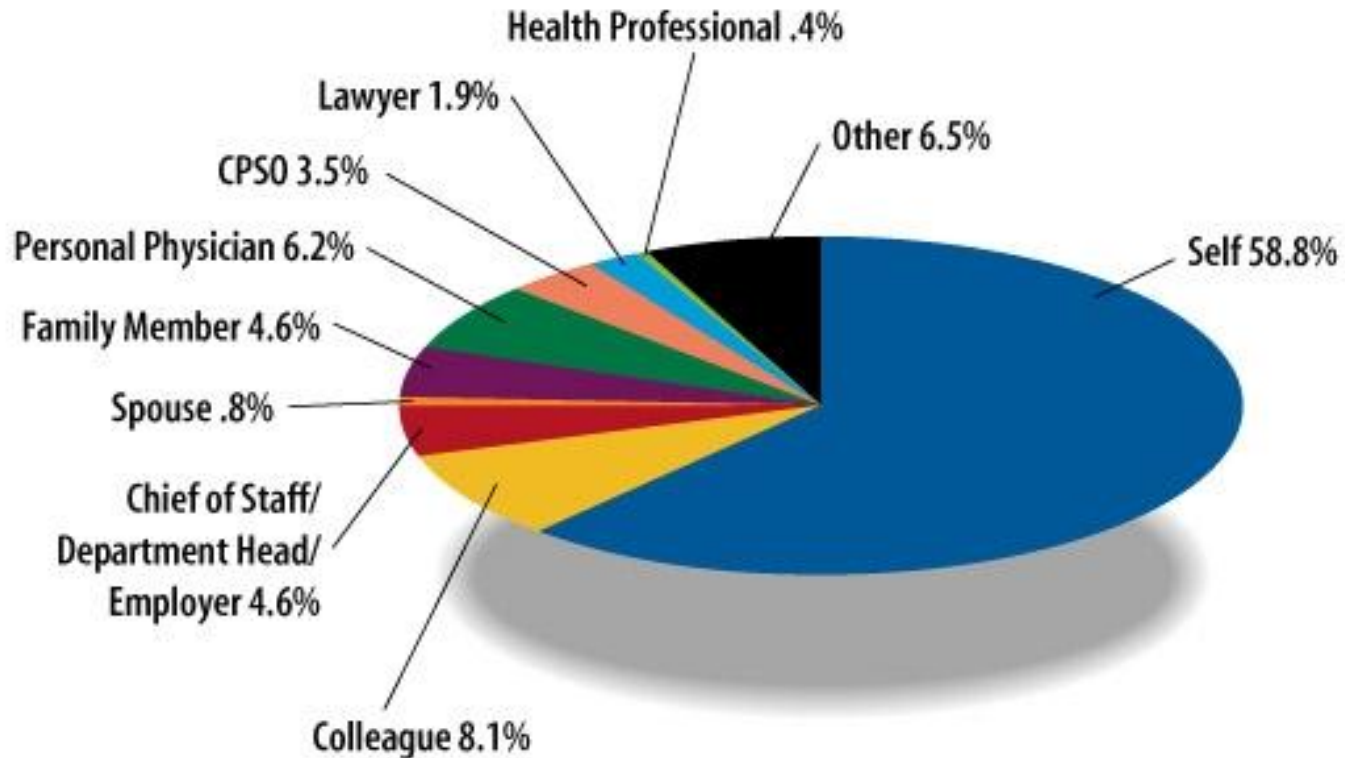
There are
many
barriers
to obtaining
help



Barriers to Asking for Help:

- Denial
- Confidentiality concerns
- “Terminal Uniqueness”
- Inability to use the health care system
- Lack of knowledge
- Absence of Hope
- Insurance discrimination
- ***Fear, shame, stigma***

Referral Sources

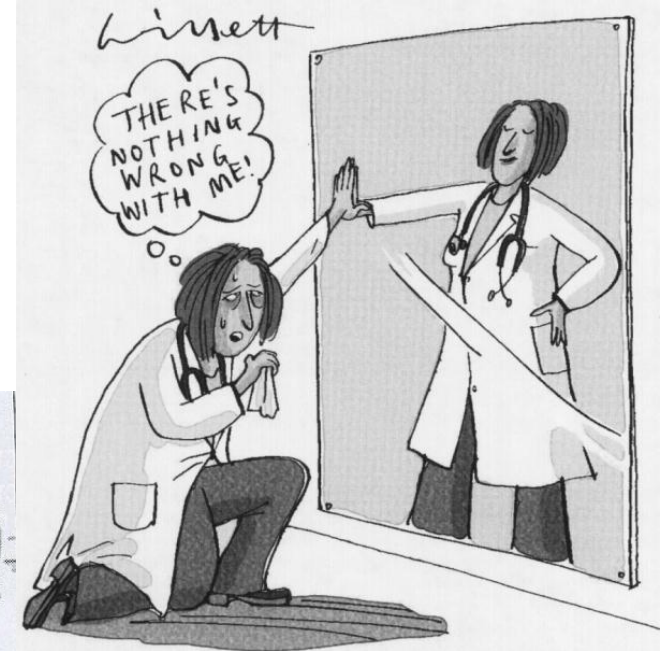
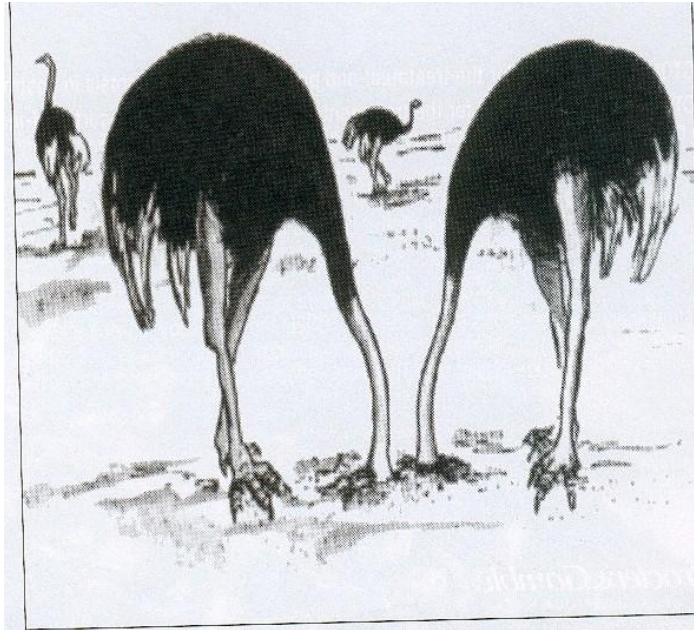


But...

Only about ten per cent of doctors experiencing substance use disorders call the PHP on their own behalf.

Addictive illness:

There are
many
barriers
to obtaining
help



How Do We Recognize A Colleague in Distress?



**The key to recognition is
knowing the performance
baseline from which a
person normally functions**

“Early” Signs:

- Increased expression of negative thoughts, feelings, attitudes
- Increased somatic complaints, illness and fatigue
- Withdrawal from friends and family
- Family tension, conflict, infidelity
- Less well dressed and groomed
- Declining reliability
- Emergence of unhealthy coping behaviours
- More time at work

Later Signs:

- Angry outbursts at work
- Patient and staff complaints
- Professional withdrawal
- Cancelled clinics and increased absenteeism
- Deterioration of clinical skills
- Decline in school / residency performance
- Drug diversion
- Alcohol on the breath at work
- Family violence, separation and divorce

End Stage Signs:

- Intoxication at work
- Appearance of chronic illness
- Therapeutic error or mishap
- Extreme personal isolation
- Suicidal gesturing or
- Suicide

The Tip of the Iceberg

Usually the workplace is the last place where distress and impairment shows ... so even minor persistent changes in a physician's behaviour should be taken seriously



EVEN
SUPERHEROES
NEED HELP
SOMETIMES.

How Can We Help?

“Live and *help* live.”

Dr. Rachel Remem

“It is our second nature not to get involved.”

“It is our *first nature* to be connected.”

Petruska Clarkson

Bystander

“A person who does not become actively involved when someone else requires help.”

Petruska Clarkson

The Bystander

Bystanding slogans:

“It’s none of my business.”

“I don’t have enough information.”

“What if I’m wrong?”

“I don’t want to get burned again.”

“There’s nothing I can do to help.”

“They did this to themselves and they have to ask for help.”

“What if I hurt them?”

“What if they hurt me?”

Response-ability

- Notice
- Interpret
- Assume personal responsibility
- Choose a form of assistance
- Act

The Surgical Community



Swimming with sharks...

Swimming with the sharks:

- Any unidentified colleague is a shark until proven otherwise.
- Be sure not to bleed: it attracts sharks.
- Get out of the water if another is bleeding.
- Counter aggression with more aggression.

Krizek TJ; Surgery...Is it an Impairing Profession?

J Am Coll Surg; 2002 Mar; 194(3): 352-66

Community



“In and through community lies the salvation of the world.”

M. Scott Peck

“The Different Drum”

Healthy professional communities:

- Respect differences
- mentor trainees and newcomers
- collaborate rather than control
- participate in team building
- participate in medical politics
- honour each other's families and personal lives
- Adapt to changes in staff career trajectories
- reach out to colleagues in distress
 - *“neighbourhood watch”*

Supporting a colleague

- Reflect your observations and concerns
- Ask how they are feeling
- Offer time to talk
- Offer time to spend together quietly
- Offer helping resources
- Facilitate use of helping resources
- Follow up

**“Sometimes it’s not so much seeing the
light as feeling the heat.”**

Unknown

Intervention

- Right participants
- positive and motivational
- documented evidence
- planned and rehearsed
- assessment pre-arranged
- caring and compassionate
- expert assessment and / or treatment is outcome
- ***consequences clear***

Should an impaired physician be reported to the College of Physicians and Surgeons of Ontario (CPSO)?

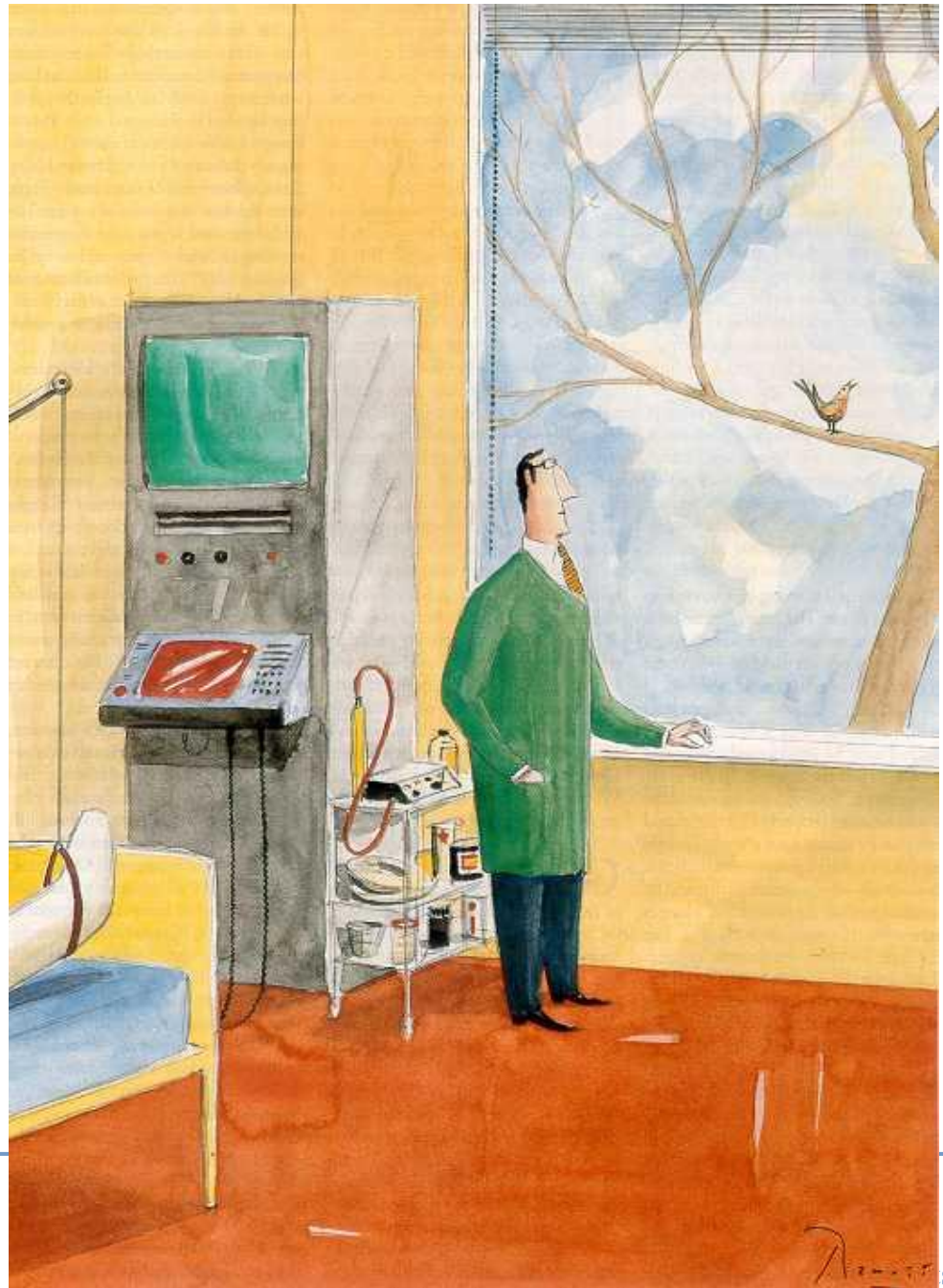
What about suicidal ideation?

- Ask about thoughts or intent
- Formulate urgent response plan
- Suicide prevention contract
 - Promise to activate plan if needed
 - Verbally repeated by colleague
- Sometimes (involuntary) inpatient assessment and treatment is necessary

Treatment and Support Resources

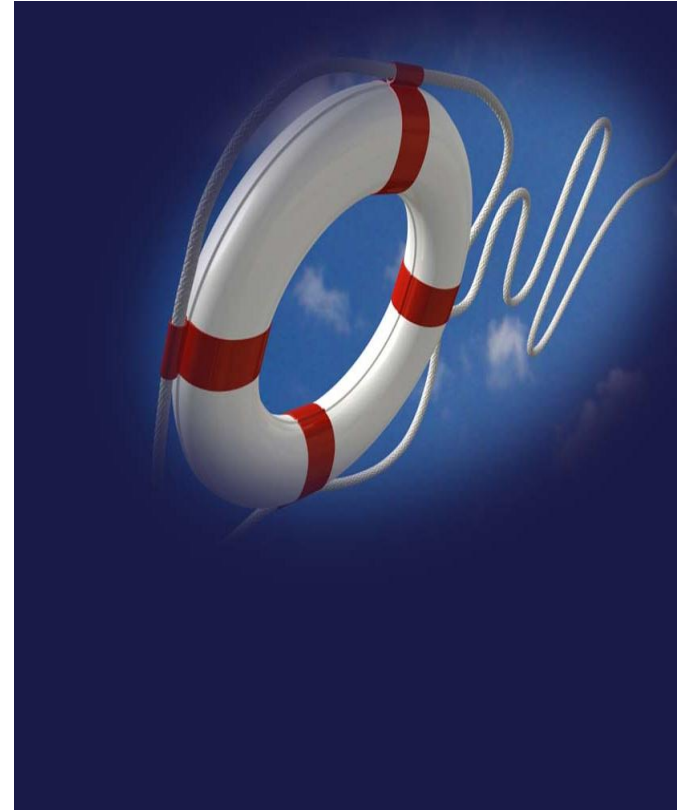
- University health services
- Assessment services
- Community programs and clinics
- Private practitioners
- Specialized services outpatient and inpatient
- PAIRO Helpline: 1-866-HELP-DOC
- Physician Health Program

We like to think of distressed doctors as aberrations; the aberrations may be those who make it without a troubled year or two.



PHP Services

Information and Advice
Intervention Services
Assessment and Referral
Monitoring & Case
Management
Advocacy
Family Support
Education and Prevention



The PHP is a *CONFIDENTIAL* service

Resources:

PHP confidential helpline: 800-851-6606

michael.kaufmann@oma.org

php.oma.org



ePhysicianHealth.com

